

215040918
62944

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 128	Agency Case No. B5-093125	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/06/2015		TIME OF ACCIDENT 1500	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1502	10/06/2015	
B 65	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. NORTH 27TH STREET		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		200.00		X		OLD DAIRY ROAD
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 02	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	V00324182		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	JEFFREY M SCHMITZ		PHONE	4022175511	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/27/1974	
G 4	OWNER	JEFF M SCHMITZ		PHONE	4022175511	
V1/O 1	VEHICLE	2005	Hyundai	SGX	4 door Sedan	black
V2/O 1	VEHICLE ID NO. (VIN)	KMHWF35H85A182262		INSURANCE COMPANY	DAIRYLAND	
I 1	DRIVER LICENSE NO.	H13456641		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	JACOB A HOWE		PHONE	4027591939	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/19/1996	
J 01	OWNER	NICKI HOWE		PHONE	4027594925	
V1/Q 4	VEHICLE	2007	Chevrolet	MONTE CARL	2 door Sedan	silver / chrome
V2/Q 4	VEHICLE ID NO. (VIN)	2G1WJ15K279389756		INSURANCE COMPANY	STATE FARM	
K 01	TOWED TO	TOWED BY		POLICY NO.	0509230E17270	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-093125



Indicate
North
by Arrow

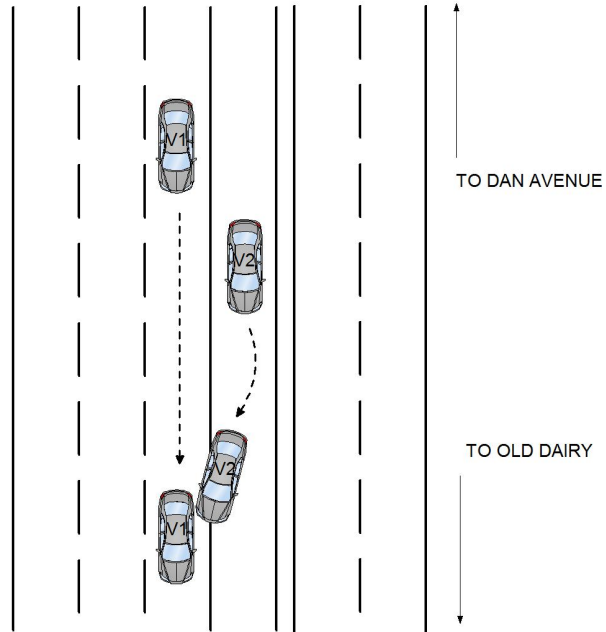


LEGEND

NO POI, VEHICLES
MOVED, NO
INVESTIGATION AT
SCENE, NO SKIDS OR
DEBRIS

Not To Scale

NORTH 27TH STREET



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of Vehicle #1 said he was operating his vehicle Southbound on 27th Street approaching Old Dairy, when his vehicle was struck from the right by Vehicle #2. Driver of Vehicle #2 said he was operating his vehicle Southbound on North 27th Street, and had turned into a U-turn lane by mistake. He said he attempted to reenter the Southbound lane of North 27th Street, and did not observe Vehicle #1. As he attempted to change lanes, his vehicle struck Vehicle #1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	2
1		X			NORTH 27TH S		POINT OF IMPACT	06	POINT OF IMPACT	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		Driver No. 1	1	Driver No. 2	2
2		X			NORTH 27TH		POINT OF IMPACT	06	POINT OF IMPACT	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		Driver No. 1	1	Driver No. 2	2
1	01	06 Turning left				MOST DAMAGED AREA	06	MOST DAMAGED AREA	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		ALCOHOL LEVEL TESTED				
2	03	08 Entering traffic lane				MOST DAMAGED AREA	06	MOST DAMAGED AREA	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		ALCOHOL/ DRUGS SUSPECTED				
01 Essentially straight ahead		09 Leaving traffic lane		00 None		02 03 04		1 Deployed - front		1 None used - vehicle occupant		1 Neither alcohol nor drugs suspected						
02 Backing		10 Parked		09 Top & windows		01 05		2 Deployed - side		2 Lap & shoulder belt used		2 Yes - alcohol suspected						
03 Changing lanes		11 Slowing or stopped in traffic		10 Undercarriage		08 07 06		3 Deployed - both front/side		3 Shoulder belt only used		3 Yes - drugs suspected						
04 Overtaking/ Passing		12 Other		11 Total (all areas)				4 Not deployed		4 Lap belt only used		4 Yes - alcohol & drugs suspected						
05 Turning right		13 Unknown		12 Other				5 Not applicable/ No airbag available		5 Child safety seat used		5 Unknown						
								6 Unknown		6 Child booster seat used								
										7 DOT approved helmet used								
										8 Costume helmet used								
										9 Restraint use unknown								

OFFICER NO. 956	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Chris Ehrhorn		INVESTIGATOR SIGNATURE Approved by Chris Ehrhorn	
DATE OF REPORT 10/06/2015			